FORM D

1277981

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

JAN 28 200

ÖTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

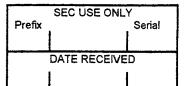
OMB Number:

3235-0076

Expires:

May 31, 2005

Estimated average burden hours per response......16.00



Name of Offering (check if this an amendment and name has changed, and indicate change.)								
CSAM Emerging Managers Fund, L.P Offering of Limited Partnership Interests								
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	🗷 Rule 506	☐ Section	n 4(6)	□ ULOE		
m cov man								
Type of Filing: New Filing	☐ Amendment	~ TO THE TOTAL MIT						
	· · · · · · · · · · · · · · · · · · ·	C IDENTIFICATION	DN DATA					
1. Enter the information requested about the								
Name of Issuer (check if this is an amend	lment and name has changed, and	d indicate change.)						
CSAM Emerging Managers Fund, L.P.								
Address of Executive Offices		and Street, City, Sta	te, Zip Code)	1	•	e Number (Including Area		
466 Lexington Avenue, 15th Floor, New Yo						88-520-3615		
Address of Principal Business Operations	(Number and Street,	, City, State, Zip Cod	e)	İ	•	e Number (Including Area		
(if different from Executive Offices)					Code)			
		······						
Brief Description of Business						DOCCESSE		
Investment in securities.	•							
				 		(1 2 () 2000		
Type of Business Organization	fill 15	· · · · · · · · · · · · · · · · · · ·				JAN 3 0 2004		
□ corporation	limited partners!	up, aiready formed		☐ other		,		
☐ business trust	☐ limited partnersh	ip, to be formed		☐ other		THOMSON FINANCIAL		
		Month	Year		· · · · · · · · · · · · · · · · · · ·			
Actual or Estimated Date of Incorporation o	r Organization:	0 5	0 3	🗷 Actual		☐ Estimated		
1	8	L						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
1		anada; FN for other for		n)				
4		•		•				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following:

- Leach promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	E General and/or Managing Partner				
Full Name (Last name first, if individual) CSAM Capital Inc.									
Business or Residence Address (Number and Street, City, State, Zip Code) 466 Avenue of the Americas, New York, New York 10017									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if in	idividual)								
Liebes, Hal									
Business or Residence Address	-	reet, City, State, Zip Code)							
466 Avenue of the Americas, Ne									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if in	idividual)								
Moss, Matthew									
Business or Residence Address		reet, City, State, Zip Code)							
466 Avenue of the Americas, Ne			5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	E Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if in	dividual)			, , , , , , , , , , , , , , , , , , , ,					
Pignataro, Mike									
Business or Residence Address (Number and Street, City, State, Zip Code)									
466 Avenue of the Americas, Ne	ew York, New Yor	rk 10017							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Address	(Number and St	reet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Address	(Number and St	reet, City, State, Zip Code)	,	** ·					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Address	(Number and St	reet, City, State, Zip Code)							
W-M	л	se blank sheet, or copy and u	se additional copies of this sh	neet, as necessary)					
	(0	under chees, or copy and a		, ab 110000arj.)					

				В	INFORMA	TION ABOU	JT OFFERI	NG					
1. Has the is:	suer sold, or	does the issue	er intend to se	ll, to non-acc	redited investo	ors in this offe	ring?				Yes	No ⊠	
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?								\$ <u>500</u>	\$ 500,000 *				
3. Does the o	offering perm	it ioint owner	ship of a sino	le unit?							Yes ≅	No	
	•	·									_	-	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	Full Name (Last name first, if individual) Credit Suisse Asset Management Securities, Inc. *												
Business or R 466 Lexington					ip Code)								
Name of Asso	ociated Broke	er or Dealer						(
States in Whi	ch Person Li	sted Has Soli	cited or Intend	ds to Solicit P	urchasers	··· · · · · · · · · · · · · · · · · ·							
(Check "All	States" or ch	eck individus	il States)				***************************************	•••••		🗷 All	🗷 All States		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]	
Full Name (L		[SD] t, if individua	[TN] d)	[TX]	[ניטי]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
·													
Business or R	esidence Ad	dress (Numb	er and Street,	City, State, Z	ip Code) .								
Name of Asso	ociated Broke	er or Dealer											
States in Whi	ch Person Li	sted Has Soli	cited or Intend	is to Solicit P	urchasers			······································					
(Check "All	States" or ch	eck individua	l States)	•••••	,				,	🗆 All	☐ All States		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	[IN] [NE]	[AI]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
[RI] Full Name (L	[SC] ast name firs	[SD] st, if individua	[TN] l)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
					·								
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
			(Use	blank sheet,	or copy and us	e additional c	opies of this s	heet, as neces	sary).				

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* See attachment

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if		
	answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sol
	Type of Security		
	Debt	\$0	\$0
	Equity	\$ <u> </u>	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$150,000,000°	\$ <u>7,550,000</u>
	Other	\$ 0	\$ 0
	Total	\$150,000,000°	\$ 7,550,000
		\$ <u>150,000,000</u>	\$ <u>7,550,000</u>
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	18	\$ <u>7,550,000</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	p/a	\$n/a
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	There is 6	Deller Amount
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	n/a	\$n/a
	Regulation A	n/a	\$ <u>n/a</u>
	Rule 504	n/a	\$n/a
	Total	n/a	\$ <u>n/a</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	۵	\$ 0
	Legal Fees	2	\$ 50,000
	Accounting Fees	Œ	\$_25,000
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)	۵	\$ <u>0</u> *
	Other Expenses (identify)		\$0
	Total	. 🗷	\$ <u>75,000</u>
* Se	e attachment 4 of 8		

	C. OFFERING PI	RICE, NUMBER OF INVESTORS, EXPI	enses an	ND USE OF PROCEEDS				
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$\frac{149.925.000 *}{2.000 *}\$							
5.	Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose is estimate. The total of the payments listed must expand C - Question 4.b above.	s not known, furnish an estimate and check the	he box to t	he left of the				
				Payments to Officers, Directors, & Affiliates		Payments To Others		
	Salaries and fees			\$		\$0		
	Purchase of real estate			\$0		\$0		
	Purchase, rental or leasing and installation of	machinery and equipment		\$0		\$0		
	Construction of leasing of plant buildings and	facilities	0	\$0		\$0		
	Acquisition of other businesses (including the offering that may be used in exchange for the	assets or securities of another	_		-			
	issuer pursuant to a merger)			\$0		\$0		
	Repayment of indebtedness			\$0		\$0		
	Working capital	······································		\$0		\$0		
	Other (specify): investment in securities			\$0	E	\$ <u>149,925,000</u> *		
				\$0		\$0		
	Column Totals			\$0	×	\$ <u>149,925,000</u> *		
Total Payments Listed (column totals added)			■ \$ <u>149.925.000</u> *					
		D. FEDERAL SIGNATUR	E					
und	issuer has duly caused this notice to be signed by ertaking by the issuer to furnish to the U.S. Securit redited investor pursuant to paragraph (b)(2) of Rule	ies and Exchange Commission, upon written						
Issuer (Print or Type) Signature		Signature		Date		 		
CSAM Emerging Managers Fund, L.P.				Januaryl 6, 20	04			
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	*****	1				

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Hal Liebes

President of CSAM Capital Inc., the General Partner of the Issuer

CSAM EMERGING MANAGERS FUND, L.P. (THE "ISSUER" or the "PARTNERSHIP")

FORM D ATTACHMENT

- B.2. The minimum subscription amount may be increased, decreased or waived at the sole discretion of the General Partner.
- B.4. and C.4.a. Credit Suisse Asset Management Securities, Inc. acts as placement agent (the "Placement Agent") for the Issuer. The Placement Agent will be entitled to receive from the Partnership a 1% placement fee with respect to a purchase of Limited Partnership Interests ("Interests") of \$1,000,000 to \$4,999,999. The Placement Agent will not receive a placement fee with respect to a purchase of Interests of \$5,000,000 or more. The Placement Agent may, in its sole discretion, waive all or part of the placement fee. The Placement Agent may engage sub-placement agents, including its affiliates, at its own expense.
- C.1. The Issuer is offering Limited Partnership Investors to investors on a continuous basis. The "Aggregate Offering Price" of \$150,000,000 listed in response to this item, the "Adjusted Gross Proceeds to the Issuer" noted in C.4.b. and the "Payments To Others" noted in C.5. are estimates. The Issuer may increase the aggregate offering price at its discretion.